



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of carisoprodol products, lindane and omeprazole) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Accolate	Dexedrine*	Mintezol	Zovirax (ointment only)
Aceon	Diastat	Moduretic*	
Actos	Diovan	Mycostatin*	
Actoplus Met	Diovan HCT	Nasonex	
Adderall XR	Diuril*	Niacor	
Advair Diskus	Dynacirc CR	Niaspan	
Advair HFA	Edecrin	Nitro-Bid	
Aerobid	Eurax	Nitrostat*	
Aerobid-M	Exelon	Norpace*	
Alupent*	Flovent HFA	Norpace CR*	
Amerge	Focalin*	Pataday	
Amoxil*	Focalin XR	Patanol	
Asmanex	Foradil	Paxil CR	
Atrovent HFA	Glyset	Pegasys	
Augmentin XR	Gris-Peg	Pexeva	
Avalide	Humalog	Phisohex	
Avandamet	Hyzaar	Premarin (tabs only)	
Avandaryl	Imitrex	ProAir HFA	
Avandia	Infergen	Pronestyl SR*	
Avapro	Isordil*	Protonix*	
Azmacort	Lanoxicaps	Proventil HFA	
Benicar	Lantus	Qvar	
Benicar HCT	Lasix*	Relpax	
Caduet	Lescol	Ritalin*	
Capex Shampoo	Lescol XL	Rozerem	
Cedax	Lexapro	Serevent Diskus	
Cenestin	Lipitor	Singulair	
Cleocin*	Lorabid	Spiriva	
Combivent	Mavik*	Starlix	
Concerta	Maxair Autohaler	Sumycin*	
Coreg*	Maxalt	Symmetrel*	
Coreg CR	Maxalt MLT	Tyzine	
Cozaar	Menest	Valtrex	
Crestor	Metadate CD	Ventolin HFA	
Daraprim	Metrogel-Vaginal*	Vyvanse	
Derma-Smoothe/FS	Micardis	Xopenex HFA	
Desoxyn	Micardis HCT	Zegerid	